Statewide Respite Conference Call
hosted by the BHPC CMH subcommittee
June 27 1:00MDT/12:00PDT
1-866-740-1260; #4338845

Welcome and Introductions - Jen Griffis
R1 -
R2 - Jen Griffis
R3 - Elda Catalano, Dennis Baughman, Jose Valle
R4 - Carol Dixon, Steve Graci
R5 -
R6 - Susan Hepworth
R7 - Holly Molino
IDHW - Jen Haddad, Sabrina Brown, Jennifer Fishman, Klaus Hermann

Brief Review of Respite Information
*Carol Dixon
NAMI Maine - really robust project, no contact via phone, so it must now be unfunded, NAMI employees the respite providers, trained them, etc. everyone had to be certified (even family and friends), under 18 with DD or behavioral/emotional; two levels of need; max of 288 hours per year, 10 hours per day; sliding fee scale; respite care plan; solid manual with policies and procedures

Bucks County, Pennsylvania - non-profit, been running for 10 years, ages 3-21 years, money came from the county, independent contractors, didn't require liability insurance (only 10% chose to have it), voucher for up to 3 months, after that parents had to attend a network meeting to discuss natural supports, etc, 6 months was a max of respite per year, no crisis respite, but weekend respite is a possibility ("foster-care like" families); sustainability but not a lot of training requirements; try to match kids with providers based on level of need

Region 4 pilot program - private provider agencies participated using CBRS staff and family preservation staff, for families that couldn't find a provider and weren't using their vouchers; only about two months of use; feedback has been positive from both providers and families

*Dennis Baughman
Lifeways (Oregon) - respite models are provided by the agency; camps and respite are part of the agency's discretionary funding; pooled funding; training for providers; integrates respite into the overall treatment

*Jen Haddad/Sabrina Brown
Division of Family and Community Services; Department of Child and Family Services; maximum use is 5 days per month unless medically necessary for more, then not more than 14 days consecutive; $20 for a 24 hour period; limited due to number of respite care providers; have to be licensed resource parents; done through case worker, but sometimes it can be coordinated by the parents directly; the only training is through PRIDE

*Jen Griffis
DBH documents - see attached

*Susan Hepworth
will send links for Alaska and Arizona programs

Updates on Regional BHBs re:Respite
R1 - discussing in the CMH subcommittee and with BHB
R2 - developed a respite workgroup within the CMH subcommittee that includes "respite experts"
R3 - CMH subcommittee is very interested; PH has had conversations with the Department; just waiting for answers to questions
R4 - workgroup formed but not much being done
R5 - not interested in providing respite though BHB now
R6 - still interested
R7 - talked to PH board; utilizing support from DBH to answer questions

Discussion re:Next Steps - Carol Dixon
What would the regional BHBs/CMH subcommittees find supportive and helpful? gathering information from other systems, discussion of current system, how a child qualifies, questions they will need to answer for their system (qualifications of caretaker, reimbursement model/method, etc.)

What about a powerpoint? Susan said powerpoint/webinar would be a good format for her board; Jen agreed that it would work well in her region as well.

Could/should the state develop the PP? Klaus said yes, also possible on-site visits with regional BHBs, etc.

Crisis respite - not a component of the respite programs we reviewed; how will it fit into our regional respite programs?

Respite Project Ideas Summary
(based on review of other programs across the nation)

Programs reviewed:
NAMI Maine (www.respiteforme.com/19-respite-for-families.html)
Bucks County, Pennsylvania (www.childandfamilyfocus.org/services/respite-care/)
Lifeways (Oregon)
Alaska
Arizona

Program components to consider:
* respite providers employed and trained by an agency
* multiple "levels" of need for respite care available based on child's need
* individualized respite care plan
* liability insurance is optional for respite providers
* require parents to attend a "network meeting" to discuss natural supports, etc after they have utilized respite for a few months
* try to match kids to the right provider based on level of need
* weekend respite in "foster-care like" families
* pooled funding for respite
* integrate respite into the overall treatment plan